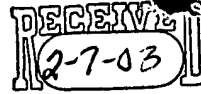


Official

Attorney Docket 000298C1



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:
Weissman, et al.

For: IMPROVED DIVERSITY
COVERAGE

Serial No.: 09/892,365

Filed: June 26, 2001

Group Art Unit: 2683

#8
2-12-03

AMENDMENT

Commissioner of Patents
Washington, D.C. 20231

Attention: Marcos Torres
Examiner

Dear Sir:

In response to the Office Action dated November 7, 2002, please consider the following amendments and remarks in conjunction with the above-identified application:

I hereby certify that this correspondence is
being sent via facsimile to the Commissioner
of Patents and Trademarks, Washington,
D.C. 20231, on:

February 7, 2003

(Date of Facsimile Transmission)

Donald C. Kordich

(Name of Person Making Transmission)

(Signature)



5775 Morehouse Drive,
San Diego, California 92121-2779
(858) 587-1121 Fax: (858) 658-2502

Facsimile Transmittal

DATE: February 7, 2003

TO: Examiner Torres, USPTO, Group Art Unit 2683

FAX : (703) 308-6306- 872-9314

FROM: Donald C. Kordich

PHONE: (858) 658-5928

FAX (858) 658-2502

Number of Pages including this cover sheet: 5

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PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
Washington, D.C. 20231

Attorney Docket No.: 000298C1
In Re Application of: WEISSMAN, ET AL.
Serial Number: 09/892,365
Filed: June 26, 2001
Examiner: M. Torres
Group Art Unit: 2683

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above-identified application.

1. ☐ A Request for a () Month Extension of Time is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations):
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	10	20	0	x \$18 =	\$0.00
Independent**	2	3	0	x \$84 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$270	\$
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$
			<input type="checkbox"/> Two Months	\$410	\$
			<input type="checkbox"/> Three Months	\$930	\$
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$240	\$
			<input type="checkbox"/> After Final Office Action	\$130	\$
REQUEST FOR CONTINUED EXAMINATION				\$740	\$
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$0

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date:

2/7/2003

Signature:

Donald C. Kordich
Donald C. Kordich, Reg. No. 38,213
(858) 658-5928

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 651-1179
Facsimile: (858) 658-2502

(TRANSAMD.VER1.7-9/25/2000)

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